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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/741,310 12/19/2000 PAT 6,697,044  
 which is a CON of 09/156,802 09/17/1998 PAT 6,184,868

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3

ADDRESS  
60140

## TITLE

HAPTIC FEEDBACK DEVICE WITH BUTTON FORCES

FILING FEE RECEIVED 1096	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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